

INFORMATION

ENTRY FEES (per person)

	<u>One Event</u>	<u>Two Events</u>
Pre-registration ..	\$20.00	\$38.00
After Sep 27 th	\$22.00	\$40.00

T-Shirts (100% cotton) will be guaranteed to pre-registered participants only.

NO REFUNDS - PLAY RAIN OR SHINE

Volleyzoo MEMBERSHIP

Each person must become a Volleyzoo member before playing in the tournament. There is a special rate for the Rocklin Open of \$2.00 for membership passes and must be purchased at the time of check-in and are valid for the remainder of the season. All players must show proof of Volleyzoo membership at check-in.

DEADLINES

All entries must be postmarked and paid in full by Wednesday, September 27th, 2006 to be considered pre-registered.

FOR MORE INFORMATION:

Tournament Director:

Don Buck (916) 786-3451

City of Rocklin (916) 625-5200

CHECK-IN

8:00-8:45 am Sep 30 & Oct 1, 2006.

Check-in ends at 8:45am! Be there on time or risk being dropped from the tournament.

We will accept entries on the day of registration.

We have plenty of space!

NO REFUNDS!!!

LOCATION

TWIN OAKS PARK - Rocklin

Take HWY 80 E towards Reno

Then HWY 65 to Lincoln/Marysville

Right on Sunset Blvd (Stoplight)

Left on Park Drive (Stoplight)

Park is about 1 mile on the left

FORMAT

DIVISIONS

Saturday September 30, 2006

Women Open A B

Men Open A B

Sunday October 1, 2006

RCoed Open A B

Note: There must be at least 8 teams to form a division.

Divisions will be combined at the discretion of the director if there are not enough teams.

POOL PLAY

o Five team pool

- One game to 15 pts (17 pt cap) -or-

o Four team pool

- Two games to 11 pts (13 pt cap)

o Top teams in each pool advance to single elimination playoffs

o 10 minute default time

o Warm-up limited to 5 minutes

o All teams are responsible for officiating

o RCoed is Reverse Coed: women's net, men hit from 10' line

NO GLASS CONTAINERS !!!

PETS MUST BE KEPT ON A LEASH

AWARDS

Top four teams in each division will receive prizes!

ENTRY FORM

I, the undersigned do hereby agree to release, absolve, indemnify, and hold free and harmless, the City of Rocklin, its officials/employees, and sports officials of any and all liability for injury and/or damage to person or property resulting from participation in the Rocklin Open, two day 2-person Volleyball tournament; and travel to and from said event and competition. I further attest that I will take responsibility to insure that I am physically fit to participate in said event and competition.

DATE _____

PLAYER 1

SIGNATURE _____

(Parent or Legal Guardian if under 18)

DATE _____

PLAYER 2

SIGNATURE _____

(Parent or Legal Guardian if under 18)

SUBMIT ONE ENTRY PER TEAM

DIVISION (circle one):

MEN WOMEN RCOED

CLASSIFICATION (circle one):

OPEN A B

PLAYER 1 (Please Print) Amount PD _____

NAME _____

ADDRESS _____

CITY _____

PHONE () _____

T-SHIRT SIZE (circle one): XL L

Playing both days (circle one): Yes No

PLAYER 2 (Please Print) Amount PD _____

NAME _____

ADDRESS _____

CITY _____

PHONE () _____

T-SHIRT SIZE (circle one): XL L

Playing both days (circle one): Yes No

Make checks payable to: CITY OF ROCKLIN

Mail to:

ROCKLIN OPEN, 2650 Sunset Blvd, ROCKLIN, CA 95677

OFFICE USE ONLY

Date Rcvd _____

Amount \$ _____

Check # _____